

Part B. List major source(s) of private income of more than \$1,000 of any minor child residing with you. No dollar amounts need to be stated.

Name of Source

5. **POSITIONS HELD:** List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal or political entities, and those solely of an honorary nature, do not require disclosure.

☐ None

Name of Organization:

Position Held:

Date Held:

6. **BLIND TRUST:** For any trust considered to be a blind trust pursuant to T.C.A. § 35-50-120 in which you or your spouse is an interested party, identify the nature of the interest and list the location of the trust and the name and address of the Trustee. No individual asset held in such a blind trust need be disclosed.

☐ None

Name of Trustee

Address

City

State

Receipts

☐ Filer ☐ Spouse

☐ Filer ☐ Spouse

7. **INVESTMENTS:** List any investment by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need be stated.

☐ None

Name of Corporation or Organization

Held By

☐ Filer ☐ Spouse ☐ Minor Child

☐ Filer ☐ Spouse ☐ Minor Child

☐ Filer ☐ Spouse ☐ Minor Child

☐ Filer ☐ Spouse ☐ Minor Child

8. **LOBBYING:** List any person, firm or organization for whom compensated lobbying is done by any associate, your spouse or minor children residing with you. Also, list any firm in which you, your spouse or minor children residing with you hold any interest for whom compensated lobbying is done. Explain the terms of any such employment, the subject matters lobbied and/or the measures to be supported or opposed.

☐ None

**Name of
Lobbyist**

**Terms of
Employment**

**Subject Matter
or Measures**

Lobbyist Relation to Filer

☐ Filer ☐ Spouse ☐ Minor Child

☐ Associate of Filer

☐ Filer ☐ Spouse ☐ Minor Child

☐ Associate of Filer



9. **PROFESSIONAL SERVICES:** List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse.

☐ None

Licensed Profession

Clients Interests

Furnished by

☐ Filer ☐ Spouse

☐ Filer ☐ Spouse

10. **LEGISLATIVE EXPENSES:** List the amount and source (by name) of any contribution from private source(s) used for defraying the expenses related to the adequate performance of your legislative duties.

☐ None

Amount

Source

11. **RETAINER FEES:** List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.

☐ None

12. **BANKRUPTCY:** List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.

☐ None

13. **LOANS:** List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. *See the attached Instructions for the list of loans that should not be disclosed on this report.*

☐ None

Lender Name

Loan Recipient

☐ Filer ☐ Spouse ☐ Minor Child

☐ Filer ☐ Spouse ☐ Minor Child

☐ Filer ☐ Spouse ☐ Minor Child



14. TO BE SIGNED BY REPORTING OFFICIAL *(must be attested to by a witness)*

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report in accordance with the Conflict of Interest Disclosure Act.

Signature of Official or Candidate

Date

I, _____, the undersigned, do hereby witness the above signature, which was signed in my
(Printed Name of Witness) presence:

Signature of Witness

Date _____



Instructions to Statement of Disclosure of Interests

The positions listed below are required by the Ethics Reform Act of 2006 to file a Statement of Disclosure of Interests with the Tennessee Ethics Commission. Please make sure you are using the correct form:

Form SS-8004:

- General Assembly Members;
- Governor;
- Governor's Cabinet;
- Cabinet Level Staff;
- Constitutional Officers

When Must the Statement Be Filed?:

Form SS-8004:

- Current Officeholders: File with the Commission by no later than **April 15th** of each year;
- Newly-Appointed Officeholders: File within **30 days** of being appointed to office; (in addition, note that the government authority that appoints the newly-elected official must send notice to the Ethics Commission within 3 days of appointing the official);

Where Should the Statement Be Filed?: This disclosure statement must be filed with the Tennessee Ethics Commission, 201 4th Ave N, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission's office at: (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us.

WARNINGS:

- ★ An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to a termination or an acquisition of any of those interests that you are required to report;
- ★ This report is a public document which may be posted on the internet. Social security numbers, dates of birth, and account numbers are not required and should not be included on your Statement of Disclosure of Interests.

SUPPLEMENTAL INSTRUCTIONS:

- **QUESTION 4: INSTRUCTIONS FOR LISTING SOURCES OF INCOME.**
- A. Form SS-8004: "private income" refers to any income you or your spouse receive **in excess of \$200** per annum from a non-governmental source, and any income minor child(ren) residing with you receive **in excess of \$1000** per annum from a non-governmental source.



B. For the purposes of this form:

- a. If you are employed by the State of Tennessee or a local government do not report your government compensation;
- b. the term **"Private Income"** includes, but is not limited to:
 1. Bank and Bond Interest
 2. Business Income
 3. Capital Gains
 4. Clinical Practice Income
 5. Income from Employment
 6. Income from Contractual Relationships
 7. Directorships
 8. Dividends from stocks and securities (but not the principal which is reported in the investment question following)
 9. Compensated Fiduciary Positions (Trusteeships, Conservatorships, etc.)
 10. Honoraria
 11. Lecture Fees
 12. Payments from Annuities, Settlements...etc.
 13. Rental income
 14. Research Grants
 15. Research Foundation Income
 16. Trust Income (but not the principal which is reported in the investment question)

This list is not exhaustive, but merely exemplary. If you, your spouse or minor child(ren) residing with you have other income that is not listed here but meets the requirements of this section, you are required to list them.

c. The term **"Private Income"** does not include monies received directly by inheritance or gift. The term *does include*, however, the income produced by an investment which has been received by inheritance or gift.

As a general rule, if the receipts are reportable to the IRS as private income, then they must be listed on the form.

➤ **QUESTION 7: INSTRUCTIONS FOR LISTING INVESTMENTS.**

- A. Do not report holdings that are ten thousand dollars (\$10,000) or less in value or five percent (5%) of the total capital. If, however, the holding is ten thousand dollars (\$10,000) or less in value, but is five percent (5%) or more of the total capital, the holding must be reported;
- B. Examples of investments that must be listed if held by you, your spouse or minor child(ren) residing with you (If you have holdings that are not mentioned below, but that do meet the dollar amount requirements, the holdings must be listed in question 6):



1. 401K, 403(b) and 457 plans
2. Annuities
3. Bonds
4. Certificates of Deposit (interest in excess of \$200 must be reported in the income question above)
5. College Savings Programs
6. State Deferred Compensation Plans
7. Estates
8. Stocks and securities (dividends in excess of \$200 must be reported in the income question above)
9. IRAs
10. Keogh Plans
11. Limited Liability Corporations (LLCs)
12. Mutual Funds in IRAs
13. Mutual Funds not in IRAs
14. Notes (investments)
15. Pensions
16. Real Estate (But not your primary or secondary residence)
17. Real Estate Investment Trusts (REITs)
18. Retirement Plans for States other than Tennessee
19. TIAA-CREF Supplemental Retirement Plans
20. Treasury Notes
21. Blind Trusts
22. Warrants
23. Zero Coupon Bonds

- C. If the investment is managed by entities other than yourself, spouse or minor child(ren) residing with you (such as mutual funds or 401Ks), list the entity managing the account and the type of investment, but not the corporations to which the money has been distributed.

➤ **QUESTION 8: INSTRUCTIONS FOR LISTING LOBBYING INTERESTS.**

- A. If you, your spouse, or a minor child(ren) residing with you are associated with a compensated lobbyist, you must provide the name(s) of the entities for which the associate lobbies.
- B. If you, your spouse or minor child(ren) have any interest in any lobbying firm, you must list the name of the entity. Do not report interests in employers of lobbyists, e.g., do not report interests in public corporations or other entities that may engage a lobbyist.

➤ **QUESTION 9: INSTRUCTIONS FOR LISTING PROFESSIONAL SERVICES.**

- A. For the purpose of this question, you must list the general areas of interests of your (or your spouse's) clients if you (or your spouse) engage in any profession licensed by the State of Tennessee. You are not, however, required to list your clients or to otherwise furnish personal information about your clients. These professions include, but are not limited to:



1. Chiropractic
2. Dentistry
3. Physical Therapy
4. Pharmacology
5. Public Accounting
6. Massage Therapy
7. Medicine
8. Midwifery
9. Podiatry
10. Veterinary Medicine
11. Optometry
12. Audiology
13. Nursing
14. Architecture
15. Law

B. This list is not exclusive. If you or your spouse practice a profession that is not listed but that requires a license to practice in the State of Tennessee, you are required to list the general areas of your clients' interests.

QUESTION 13: LOANS

Loans need not be disclosed on this report if they are:

1. From your immediate family (spouse, parent, sibling or child);
2. From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
3. Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule;
4. From a partnership in which you have at least ten percent (10%) partnership interest;
5. From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).

